VILLAGE OF SLINGER

WEAPONS DISCHARGE PERMIT

(For Hunting Purposes Only)

Permit/Landowner Written Permission Must Be Carried by Person					
VALID:	to		PERMIT #		
HUNTING ADD	RESS:				
PERMIT HOLDI	ER:				
	Last Name	First Name	MI	Date of Birth	
	Home Address	City	State	Zip Code	
	Telephone Number(S):				
I acknowledge property.	as the permit holder that I a	nm responsible for all fire	earms discha	irge on this	
Signature:					
	Overview map of the hunting (maps can be located on Google	•	•	nit.	
As the property o	wner I have granted the below inc	dividual permission to hunt o	n my property:		
Name:		D	OB:		
Address:		PH	· · · · · · · · · · · · · · · · · · ·		
City:		State	Zip		

(This portion should be completed by property owner)